



FORM CJT 726
FIREARMS CERTIFICATE APPLICATION
PRIVATE SECURITY GUARDS / PRIVATE
INVESTIGATORS/ BAIL RECOVERY AGENTS

Revised 1/8/15

Send completed application, forms, & fee to:

WSCJTC Fiscal Unit
19010 1st Avenue South
Burien WA 98148

INSTRUCTIONS

1. Complete this application and return it to the address above with Forms 723 History Check, 731 Written Test and 729 Handgun Qualification(s). The 729 Form must be completed & signed by a PS Certified Firearms Instructor and the applicant. Send one 729 Form for each handgun you listed below. (Form 728 is for Shotguns and Form 730 is for Rifles). **Incomplete applications will not be processed** until all required paperwork and the fee is submitted.
2. Enclose a check for **\$100**, payable to: **WSCJTC**.
3. If the application is approved, a firearms certificate will be issued within **20** business days by email to the company owner/designee email address you listed below. Notification of the firearms certificate is provided to the Dept. of Licensing when a certificate is issued. The firearms certificate is not active until an armed license is issued by DOL.
4. Firearms certificates are **NOT** the property of the individual, they belong to the company and cannot be shared between different companies a person works for. One firearms certificate is issued per company because the firearm is owned or leased by the company per RCW 18.165, 18.170, and 18.185.

****If sole proprietor, or DBA, please provide copy of principal license with application and sign for self as owner/designee.**

FIREARM CERTIFICATE TYPE	<input type="checkbox"/> PRIVATE SECURITY	<input type="checkbox"/> PRIVATE INVESTIGATOR	<input type="checkbox"/> BAIL BOND RECOVERY AGENT
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	OTHER NAME(S) USED (if applicable):
AGENCY / COMPANY NAME:		AGENCY OWNER/DESIGNEE EMAIL ADDRESS (Required to receive the Armed Certificate):	
AGENCY ADDRESS:		CITY:	STATE: ZIP CODE:
AGENCY PHONE:		AGENCY BUSINESS LICENSE NUMBER (if available):	

FIREARM(S) FOR WHICH A CERTIFICATE IS REQUESTED: (COMPLETE ALL THAT APPLY)

HANDGUN	Manufacturer-Model Name-Caliber
HANDGUN	Manufacturer-Model Name-Caliber
HANDGUN	Manufacturer-Model Name-Caliber
SHOTGUN	Manufacturer-Model Name-Caliber
RIFLE/OTHER	Manufacturer-Model Name-Caliber

The applicant named herein is at least 21 years of age and possesses or will possess a current and valid security guard, private investigator, or bail bond recovery agent license. ☐ PI/BBRA SOLE PROPRIETOR ☐ PS PRINCIPAL (Check if applicable.)

COMPANY OWNER/DESIGNEE (PRINT)

COMPANY OWNER/DESIGNEE (SIGNATURE)

WSCJTC USE ONLY			
FIREARMS CERTIFICATE: PS _____ PI _____ BB _____ Certificate emailed: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Initials: _____ Date: _____	Firearm Count: HGN: _____ SHOT: _____ RIFLE: _____ OTHER: _____	RECEIVED: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ Amount: \$ _____